PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number												mber	
Effective October 1, 2003								10802853					
CLAIMS AS FILED - PART I SMALL (Column 1) (Column 2) TYPE										OF	• . =	R THAN ENTITY	
	TOTAL CLAIM	S		32				RATE	FEE	_	RATE	FEE	┫
	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	£ 385.0	<u> </u>	BASIC FE		1
	OTAL CHARGE	32	32 minus 20=		. 12		XS 9=		OF		216-	1	
I.V	IDEPENDENT (CLAIMS .	3	munus 3 =		0		X43=	†	OR	-	070	1 ~
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	†	OR		1	t
•	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	+	OR	TOTAL	986-	h
	CLAIMS AS AMENDED - PART II									-	OTHER	THAN	1
	1.01	(Column 1)	T	(Cotun		(Column 3)	ΙΓ	SMALL		OR	SMALL		! .
AMENDMENT A	10/20/05	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 35	Minus	- 3		- 3		X\$ 9=		OR	×28-	150-	
	Independent	FINITATION OF M	Minus	<u> </u>	3 ·	= /-		X43=		OR	FEE	203-	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
Q	9-2-06									OR	TOTAL ADOIT. FEE	350 m	ر ور م
		n 2)	(Column 3)	_									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	I	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 29	Minus	- 3	5	•		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF AIR	Minus	ENDENT	A ARA	•	Γ	X43=	_	OR	X86=	:	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290m		
										OR ,	DOIT. FEE		
(Column 1) (Column 2) (Column 3) .													4
ENT C	•	REMAINING . AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
AMENDMENT	Total	•	Minus	**		•		C\$ 9=		OR	X\$18=		.*
AME	Independent	NTATION OF AN	Minus			-		X43=		OR	X86=		
<u>.</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
0	* If the entry in column 1 is less than the entry in column 2, write "U" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OB _	TOTAL		
	AND LIGHTS WAT	mber Previously Paid ber Previously Paid	d For IN This	errece in L	nee Mana	9		OT. FEE L In the app	opriste bo		DOIT. FEEL. IN 1.		
	PTO-875 (Rev. 10							• • •	•		TOTAL OF A		